



# NIUE CENSUS 2011

## Personal Schedule



Village Number


Household Number:

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Person Number:

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**CIRCLE the appropriate code and ENTER in the boxe(s) provided**

**P1** What is this person's full name ?  
\_\_\_\_\_

**P2** What is this person's relationship to head of household ?  
\_\_\_\_\_

**P3** What is this person's sex ?  
1. Male  
2. Female

**P4** What is this person's date of birth and age?  
Day:  Month:  Year:  Age:

**P5** What is this person's Marital Status?  
1. Married  
2. Never Married  
3. Widowed  
4. Separated  
5. Divorced  
6. De facto

**P6** What is this person's country of birth ?  
\_\_\_\_\_

**P07** What is this person's Citizenship?  
\_\_\_\_\_

**P8** Descent/Ethnicity  
1. Niuean  
2. Part Niuean  
3. Non Niuean

**P8a** Visitor?  
1. Yes >> *Terminate interview here*  
2. No >> *Continue with P9*

**P9** Place of usual residence (Village)  
\_\_\_\_\_

**P10** What is this person's Religion?  
\_\_\_\_\_

**P11a** Do you have a disability  
1. Yes >> *State the nature in P11b*  
2. No >> *GO TO Q12a*

**P11b** If yes, state nature (multiple answers here)  
\_\_\_\_\_

All children under 4, terminate interview here

**P12a** Is the Niue Language (Niuean) your mother tongue?  
1. Yes  
2. No

**P12b** State your proficiency in the Niue language

1. Speak	1. Proficient/Confident 2. Basic 3. Cannot	<input type="text"/>
2. Read		<input type="text"/>
3. Write		<input type="text"/>
4. Understand		<input type="text"/>

**P13** If Niuean is not your mother tongue, Are you willing to learn?  
1. Yes  
2. No  
3. Already know

**P14** Do you know how to weave a basket?  
1. Yes  
2. No

**P15** Do you know how to husk a dry coconut  
1. Yes  
2. No

**P16** Are you still attending school  
1. Yes  
2. No << *Go to Q18*

**P17** What institute of education school you are attending  
0. ECE      3. Yr10-Yr13      6. Tertiary 3  
1. Yr1 - Yr6      4. Tertiary 1      7. Tertiary 4  
2. Yr7-Yr9      5. Tertiary 2      8. Tertiary 5

**P18** What is your highest qualification achieved  
1. None      5. NCEA      9. Under graduate diploma  
2. Post primary      6. NCEA (level 2)      10. Graduate degree  
3. Scool Certificate      7. NCEA (level 3)      11. Post Grad  
4. UE/Bursary      8. Trade Certificate      12. Doctorate

**P19** Where did you live / was your usual residence one year ago (September 2010)  
1. This village  
2. Another village Specify \_\_\_\_\_  
3. Overseas Specify \_\_\_\_\_

**P20** If you have indicated overseas above, what was your main reason for coming here?  
1. Returning resident      3. Move country  
2. Work      4. Join family

**P21** Where do you think you will be living in the next 12 months?  
1. Niue  
2. Overseas

**P22** If you indicated overseas, what is your main reason for leaving?  
1. Yes 2. No

1. Lifestyle <input style="width: 20px; height: 20px;" type="text"/>	7. Education <input style="width: 20px; height: 20px;" type="text"/>
2. Family/friends <input style="width: 20px; height: 20px;" type="text"/>	8. Medical facilities <input style="width: 20px; height: 20px;" type="text"/>
3. Environment <input style="width: 20px; height: 20px;" type="text"/>	9. Wide variety of entertainment <input style="width: 20px; height: 20px;" type="text"/>
4. Climate <input style="width: 20px; height: 20px;" type="text"/>	10. Wide variety of shopping/products <input style="width: 20px; height: 20px;" type="text"/>
5. Job/Employment <input style="width: 20px; height: 20px;" type="text"/>	11. Benefits <input style="width: 20px; height: 20px;" type="text"/>
6. Income/pay <input style="width: 20px; height: 20px;" type="text"/>	12. Others (specify) <input style="width: 20px; height: 20px;" type="text"/>

**P23** Do you watch TV Niue  
1. Yes  
2. No >> *Go to Q25*

**P24** If yes, name two of your favorite programs  
1. \_\_\_\_\_   
2. \_\_\_\_\_

**P25** Do you listen to Radio Niue  
1. Yes  
2. No >> *Go to Q27*

**P26** If yes, name two of your favorite programs?  
1. \_\_\_\_\_   
2. \_\_\_\_\_

<p><b>P27 Do you use the internet?</b></p> <p>1. Yes <input type="checkbox"/></p> <p>2. No &gt;&gt; <b>Go to Q30</b></p>	<p><b>P37 What is your annual gross income?</b></p> <table style="width:100%;"> <tr> <td>1. \$1 - \$ 4,999</td> <td>7. \$30,000 - \$34,999</td> <td rowspan="2" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>2. \$5,000 - \$9,999</td> <td>8. \$35,000 - \$39,999</td> </tr> <tr> <td>3. \$10,000 - \$14,9999</td> <td>9. \$40,000 - \$44,999</td> <td rowspan="2" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>4. \$15,000 - \$19,999</td> <td>10. \$45,000 - \$49,999</td> </tr> <tr> <td>5. \$20,000 - \$24,999</td> <td>11. \$50,000 +</td> <td rowspan="2" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>6. \$25,000 - \$29,999</td> <td>12. None</td> </tr> </table>	1. \$1 - \$ 4,999	7. \$30,000 - \$34,999	<input style="width: 20px; height: 20px;" type="text"/>	2. \$5,000 - \$9,999	8. \$35,000 - \$39,999	3. \$10,000 - \$14,9999	9. \$40,000 - \$44,999	<input style="width: 20px; height: 20px;" type="text"/>	4. \$15,000 - \$19,999	10. \$45,000 - \$49,999	5. \$20,000 - \$24,999	11. \$50,000 +	<input style="width: 20px; height: 20px;" type="text"/>	6. \$25,000 - \$29,999	12. None																																		
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<p><b>P29 What you used the internet for? (multiple answers)</b></p> <table style="width:100%;"> <tr><td>1. Getting informations about good and services</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>2. Getting informations related to health</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>3. Getting informations from govt organisations</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>4. Interaction with general govt org</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>5. Sending or receiving email</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>6. Telephone over internet (VOIP)</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>7. Posting information or instant messageing</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>8. Purchasing or ordering goods</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>9. Internet banking</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>10. Education or learning</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>11. Playing or downloading games</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>12. Downloading movies, images</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>13. Donwloading software</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>14. Reading or downloading online newspaper etc</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>15. Others</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> </table>	1. Getting informations about good and services	1. Yes 2. No	<input type="checkbox"/>	2. Getting informations related to health	1. Yes 2. No	<input type="checkbox"/>	3. Getting informations from govt organisations	1. Yes 2. No	<input type="checkbox"/>	4. Interaction with general govt org	1. Yes 2. No	<input type="checkbox"/>	5. Sending or receiving email	1. Yes 2. No	<input type="checkbox"/>	6. Telephone over internet (VOIP)	1. Yes 2. No	<input type="checkbox"/>	7. Posting information or instant messageing	1. Yes 2. No	<input type="checkbox"/>	8. Purchasing or ordering goods	1. Yes 2. No	<input type="checkbox"/>	9. Internet banking	1. Yes 2. No	<input type="checkbox"/>	10. Education or learning	1. Yes 2. No	<input type="checkbox"/>	11. Playing or downloading games	1. Yes 2. No	<input type="checkbox"/>	12. Downloading movies, images	1. Yes 2. No	<input type="checkbox"/>	13. Donwloading software	1. Yes 2. No	<input type="checkbox"/>	14. Reading or downloading online newspaper etc	1. Yes 2. No	<input type="checkbox"/>	15. Others	1. Yes 2. No	<input type="checkbox"/>	<p><b>P39 How many hours per week do you spend with these activities?</b></p> <table style="width:100%;"> <tr> <td>1. Fishing</td> <td rowspan="3" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>2. Plantation</td> </tr> <tr> <td>3. Handicrafts</td> </tr> </table>	1. Fishing	<input style="width: 20px; height: 20px;" type="text"/>	2. Plantation	3. Handicrafts
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<p><b>P40 How much money do you earn per week in selling the following produce:</b></p> <table style="width:100%;"> <tr> <td>1. Fishing</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>2. Plantation</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>3. Handicrafts</td> <td><input style="width: 50px;" type="text"/></td> </tr> </table>	1. Fishing	<input style="width: 50px;" type="text"/>	2. Plantation	<input style="width: 50px;" type="text"/>	3. Handicrafts	<input style="width: 50px;" type="text"/>	<p><b>P41 Do you smoke cigarettes?</b></p> <table style="width:100%;"> <tr> <td>1. Daily</td> <td>3. Not at all</td> <td rowspan="2" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>2. Occasionally</td> <td>4. Don't know / Refuse to answer</td> </tr> </table>	1. Daily	3. Not at all	<input style="width: 20px; height: 20px;" type="text"/>	2. Occasionally	4. Don't know / Refuse to answer																																						
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<p><b>P42 Do you consume alcohol?</b></p> <table style="width:100%;"> <tr> <td>1. Daily</td> <td>3. Not at all</td> <td rowspan="2" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>2. Occasionally</td> <td>4. Don't know / Refuse to answer</td> </tr> </table>	1. Daily	3. Not at all	<input style="width: 20px; height: 20px;" type="text"/>	2. Occasionally	4. Don't know / Refuse to answer	<p><b>P43 Do you have this disease / sickness?</b></p> <table style="width:100%;"> <tr> <td>1. Diabetes</td> <td>1. Yes 2. No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Gout</td> <td>1. Yes 2. No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Asthma</td> <td>1. Yes 2. No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. High blood Pressure</td> <td>1. Yes 2. No</td> <td><input type="checkbox"/></td> </tr> </table>	1. Diabetes	1. Yes 2. No	<input type="checkbox"/>	2. Gout	1. Yes 2. No	<input type="checkbox"/>	3. Asthma	1. Yes 2. No	<input type="checkbox"/>	4. High blood Pressure	1. Yes 2. No	<input type="checkbox"/>																																
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<p><b>P30 What was your main activity last week?</b></p> <table style="width:100%;"> <tr><td>1. Employer</td><td rowspan="10" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td></tr> <tr><td>2. Employee working for salary in private sector or Government</td></tr> <tr><td>3. Self employed, producing goods or services for sale</td></tr> <tr><td>4. Self employed, producing goods for own and/or family consumption</td></tr> <tr><td>5. Unpaid worker in (family) business/plantation</td></tr> <tr><td>6. Voluntary work</td></tr> <tr><td>7. Student</td></tr> <tr><td>8. Home Duties</td></tr> <tr><td>9. Retired</td></tr> <tr><td>10. Did not work (none of the above)</td></tr> </table> <p style="text-align: right; margin-right: 50px;">&gt;&gt; <b>Go to P39</b></p> <p style="text-align: right; margin-right: 50px;">&gt;&gt; <b>Go to P33</b></p>	1. Employer	<input style="width: 20px; height: 20px;" type="text"/>	2. Employee working for salary in private sector or Government	3. Self employed, producing goods or services for sale	4. Self employed, producing goods for own and/or family consumption	5. Unpaid worker in (family) business/plantation	6. Voluntary work	7. Student	8. Home Duties	9. Retired	10. Did not work (none of the above)	<p><b>P44 Do you agree that we should increase our population by allowing/enticing people from overseas to come and live in Niue?</b></p> <table style="width:100%;"> <tr> <td>1. Yes</td> <td rowspan="3" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>2. No &gt;&gt; <b>Go to P46 for all female aged 15 and over, others finish here</b></td> </tr> <tr> <td>3. Don't know &gt;&gt; <b>Go to P46 for all female aged 15 and over, others finish here</b></td> </tr> </table>	1. Yes	<input style="width: 20px; height: 20px;" type="text"/>	2. No >> <b>Go to P46 for all female aged 15 and over, others finish here</b>	3. Don't know >> <b>Go to P46 for all female aged 15 and over, others finish here</b>																																		
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<p><b>P31 What is your main occupation?</b></p> <p><input style="width: 100%;" type="text"/></p>	<p><b>P45 What kind of people do you prefer?</b></p> <table style="width:100%;"> <tr> <td>1. Niueans</td> <td>4. Asians</td> <td rowspan="4" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>2. Other Pacific Is</td> <td>5. Americans</td> </tr> <tr> <td>3. European (NZ/Aust)</td> <td>6. Others</td> </tr> <tr> <td>7. Any/No preference</td> <td></td> </tr> </table>	1. Niueans	4. Asians	<input style="width: 20px; height: 20px;" type="text"/>	2. Other Pacific Is	5. Americans	3. European (NZ/Aust)	6. Others	7. Any/No preference																																									
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<p><b>P32 What industry do you work in?</b></p> <p><input style="width: 100%;" type="text"/></p> <p style="text-align: right; margin-right: 50px;">&gt;&gt; <b>Go to P36</b></p>	<p><b>P46 Have you ever given birth to a child?</b></p> <table style="width:100%;"> <tr> <td>1. Yes</td> <td rowspan="2" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>2. No</td> </tr> </table>	1. Yes	<input style="width: 20px; height: 20px;" type="text"/>	2. No																																														
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<p><b>P33 Did you actively look for paid work?</b></p> <table style="width:100%;"> <tr> <td>1. Yes &gt;&gt; <b>Go to P35</b></td> <td rowspan="2" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>2. No &gt;&gt; <b>Go to P34</b></td> </tr> </table>	1. Yes >> <b>Go to P35</b>	<input style="width: 20px; height: 20px;" type="text"/>	2. No >> <b>Go to P34</b>	<p><b>P47 Total number of children born alive and are living.....</b></p> <table style="width:100%; text-align: center;"> <tr> <td></td> <td>Males</td> <td>Females</td> <td>Total</td> </tr> <tr> <td>(a) In this household</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> </tr> <tr> <td>(b) Somewhere else in Niue</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> </tr> <tr> <td>(c) Overseas</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> </tr> </table>		Males	Females	Total	(a) In this household	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	(b) Somewhere else in Niue	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	(c) Overseas	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>																														
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<p><b>P34 Why didn't you look for work?</b></p> <table style="width:100%;"> <tr> <td>1. Did not want to work</td> <td rowspan="6" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>2. Believe no (paid) work available</td> </tr> <tr> <td>3. Discouraged</td> </tr> <tr> <td>4. Weather/No trasport</td> </tr> <tr> <td>5. Disabled</td> </tr> <tr> <td>6. Other</td> </tr> </table>	1. Did not want to work	<input style="width: 20px; height: 20px;" type="text"/>	2. Believe no (paid) work available	3. Discouraged	4. Weather/No trasport	5. Disabled	6. Other	<p><b>P48 Total number of children born alive but later died</b></p> <table style="width:100%; text-align: center;"> <tr> <td>Males</td> <td>Females</td> <td>Total</td> </tr> <tr> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> </tr> </table>	Males	Females	Total	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>																																				
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<p><b>P35 Were you available to work if a job had been available?</b></p> <table style="width:100%;"> <tr> <td>1. Yes</td> <td rowspan="2" style="text-align: right; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>2. No</td> </tr> </table> <p style="text-align: right; margin-right: 50px;">&gt;&gt; <b>Go to P39</b></p>	1. Yes	<input style="width: 20px; height: 20px;" type="text"/>	2. No	<p><b>P49 Total number of children ever born alive</b></p> <table style="width:100%; text-align: center;"> <tr> <td>Males</td> <td>Females</td> <td>Total</td> </tr> <tr> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td><input style="width: 30px; height: 20px;" type="text"/></td> </tr> </table>	Males	Females	Total	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>																																								
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<p><b>P36 How many hours did you work last week?</b></p> <p><input style="width: 100%;" type="text"/></p>	<p><b>P50 What is the date of birth and sex of the last child born alive?</b> (including a child that may have died later)</p> <table style="width:100%; text-align: center;"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td>Sex</td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>M=1 F=2</td> </tr> </table>	Day	Month	Year	Sex	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>				M=1 F=2																																					
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REMEMBER TO CHECK YOUR QUESTIONNAIRE BEFORE LEAVING THE HOUSE